

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 177A  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township High or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Caroline Noline

(If child is not yet named, make supplemental report, as directed.)

<b>3. Sex of Child</b> <u>F</u>	<b>To be answered ONLY in event of plural births.</b>	<b>4. Twin, triplet or other</b> _____	<b>6. Legitimate?</b> <u>Yes</u>	<b>7. Date of birth</b> <u>6-20-20</u> Month Day Year
		<b>5. No., in order of birth</b> _____		

**8. FATHER**  
Full name Andrew Noline

**14. MOTHER**  
Full maiden name Netto Montgomery

**9. Residence**  
(Usual place of abode)  
If non-resident, give place and state. San Carlos

**15. Residence**  
(Usual place of abode)  
If non-resident, give place and state. San Carlos

**10. Color or race**  
4/4 Apache

**16. Color or race**  
4/4 Apache

**11. Age at last birthday** 73 (Years)

**17. Age at last birthday** 22 (Years)

**12. Birthplace (city or place)** San Carlos, Ariz.  
(State or country)

**18. Birthplace (city or place)** San Carlos  
(State or country)

**13. Occupation**  
Nature of industry Indian Judge

**19. Occupation**  
Nature of industry Housewife

**20. Number of children of this mother** 6  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3  
(b) Born alive but now dead 3  
(c) Stillborn 0

**21. Were precautions taken against ophthalmia neonatorum?**  
yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 3 m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature D. R. Combs  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Rice, Ariz.

Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

355-629-448

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.